

SCO USE ONLY												
Document No.	C	C	Y	Y	M	M	D	D	Fund	Agy		

# Report of Accruals to Controller's Accounts

June 30, 20\_\_\_\_

Page \_\_\_\_ of \_\_\_\_

Agency (name and number)					Fund (name and number)				
Name of Contact Person (Please Type or Print)				Title			Telephone Number		

*I certify (or declare) under penalty of perjury that the data on the attached statements is true and correct; and that I have not violated any of the provisions of Article 4, Chapter 1, Division 4, Title 1, Government Code (commencing with Section 1090).*

*Subscribed and executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, California.*

AUTHORIZED SIGNATURE \_\_\_\_\_

ACCOUNT TITLE	ENCUMBRANCES	D C	ACCOUNT	AMOUNT	D C
GENERAL CASH			1   1   1   0		
REVOLVING FUND CASH			1   1   3   0		
CASH IN TRANSIT TO STATE TREASURY			1   1   5   0		
CASH ON HAND			1   1   9   0		
ACCOUNTS RECEIVABLE--ABATEMENTS			1   3   1   1		
ACCOUNTS RECEIVABLE--REIMBURSEMENTS			1   3   1   2		
ACCOUNTS RECEIVABLE--REVENUE			1   3   1   3		
ACCOUNTS RECEIVABLE--OTHER			1   3   1   9		
ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS (CREDIT BAL.)			* 1   3   9   0		
DUE FROM OTHER FUNDS			** 1   4   1   0		
DUE FROM OTHER APPROPRIATIONS			1   4   2   0		
Net Debits / Credits			Net Debits / Credits		

\* Specify the receivable account to which this pertains.

\*\* Specify the fund to which this pertains.

## June 30, 20\_\_\_\_

Page of

Agency (name and number)	Fund (name and number)

[illegible]

\*\*\* Account should be fully reserved.

June 30, 20\_\_\_\_

Agency (name and number)	Fund (name and number)

ORIGINAL AND ONE COPY -- State Controller's Office, Division of Accounting and Reporting

## June 30, 20\_\_\_\_

Agency (name and number)	Fund (name and number)
--------------------------	------------------------

ORIGINAL AND ONE COPY -- State Controller's Office, Division of Accounting and Reporting

June 30, 20\_\_\_\_

Agency (name and number)	Fund (name and number)
--------------------------	------------------------

ORIGINAL AND ONE COPY -- State Controller's Office, Division of Accounting and Reporting

June 30, 20\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

Agency (name and number)	Fund (name and number)

[illegible]